

SM-4699 Rev. 5/02

AUTHORITY: P.L. 98-8, as amended.
COMPLETION: REQUIRED.Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES---TEFAP
P.O. Box 30008, Lansing, Michigan 48909Direct questions regarding
this form to (517) 373-8642.

THE EMERGENCY FOOD ASSISTANCE PROGRAM FOOD RECEIPT/DISTRIBUTION REPORT

REPORT

Month _____ Year 20 ____

☐ Amended Date: _____

NAME OF PERSON COMPLETING FORM: _____ DATE: _____

AGENCY NAME	AGREEMENT NUMBER	ADDRESS	TELEPHONE NUMBER ()
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MAILING INSTRUCTION: Return ONE copy to the State address indicated above by the 10th of the month following the distribution month and/or receipt of commodities.

CHECK WHICH APPLIES:
☐ Monthly Report ☐ Quarterly Report
LIST FOOD ITEMS SEPARATELY IN ALPHABETICAL ORDER. REPORT IN CASES.

A. Available during recording period.

1. Beginning Inventory

(Report in
CASES)

2. Received during recording period

3. Total Available (1 + 2)

B. Distribution during period

C. Ending Inventory* (A.3 - B)

D. Over/Under Inventory
(Submit form SM-4742-A)
Damaged and Disposed
(Submit form SM-4742-B)
(Report in
UNITS)

*Carry to next report as "Beginning Inventory".

I hereby certify that this report is correct according to the records in our office.

**NUMBER OF
HOUSEHOLDS
SERVED**

 SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE
 (Must be different from person completing form)

 DATE